

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

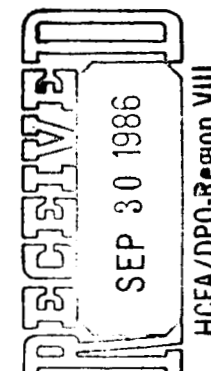
ATTACHMENT 4.18-C
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

A. The following charges are imposed on the medically needy for services: N/A

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	



TN No. 86-3
Supersedes
TN No. 83-11

Approval Date 11/3/86

Effective Date 7/1/86

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

B. The method used to collect cost sharing charges for medically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

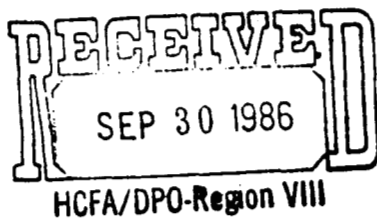
C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No. 86-3
Supersedes
TN No. 83-11

Approval Date 11/3/86

Effective Date 7/1/86

HCFA ID: 0053C/0061E



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are notified of copayment requirements for services covered and exempt groups and services through Medicaid bulletins issued by the fiscal agent. Providers are required to assess copayment at the time of service (House Bill 1434). Amendments to section 1916(c) of the Social Security Act include a provision that no provider participating under Medicaid may deny care or services to an individual because of his/her inability to pay the required cost sharing charges. The recipient, however, is still responsible for the copayment, and the provider may collect at a later date.

- E. Cumulative maximums on charges:

☐ State policy does not provide for cumulative maximums.

☒ Cumulative maximums have been established as described below:

The maximum copayment for a calendar year is \$150. After reaching this limit a recipient is exempt from further copayments. A recipient will become exempt when claims received by the fiscal agent indicate the limit has been reached. Because there is a time lag between services and the date claims are received by the fiscal agent, a recipient who reaches the maximum may also submit copayment receipts directly to the Copay Program in the Department of Social Services. The Department will then verify that the recipient has reached the maximum and a temporary exemption card will be issued for the remainder of that month. Subsequent Medicaid Authorization Cards for the remainder of the calendar year will indicate the recipient's exemption from copayment.

TN No. 92-10
Supersedes
TN No. 86-3

Approval Date 2/18/92

Effective Date 1-1-92

HCFA ID: 0053C/0061E